

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | | SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/069280</div> | FILING DATE | | | | |
|--|----------|------|------------------------|------|------------------------|------|--|--|-------------|------|------|------|------|
| | | | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 1 | | 1 | | 1 | | | | | | | |
| 4 | | 2 | | 1 | | 1 | | | | | | | |
| 5 | | 2 | | 1 | | 1 | | | | | | | |
| 6 | | 2 | | 1 | | 1 | | | | | | | |
| 7 | | 2 | | 1 | | 1 | | | | | | | |
| 8 | | 2 | | 1 | | 1 | | | | | | | |
| 9 | 1 | | 1 | | | | | | | | | | |
| 10 | | 1 | | 1 | | 1 | | | | | | | |
| 11 | | 1 | | 1 | | 1 | | | | | | | |
| 12 | | 1 | | 1 | | 1 | | | | | | | |
| 13 | | 1 | | 1 | | 1 | | | | | | | |
| 14 | | 1 | | 1 | | 1 | | | | | | | |
| 15 | | 1 | | 1 | | 1 | | | | | | | |
| 16 | | 1 | | 1 | | 1 | | | | | | | |
| 17 | | 1 | | 1 | | 1 | | | | | | | |
| 18 | | 1 | | 1 | | 1 | | | | | | | |
| 19 | | 1 | | 1 | | 1 | | | | | | | |
| 20 | | 1 | | 1 | | 1 | | | | | | | |
| 21 | | 1 | | 1 | | 1 | | | | | | | |
| 22 | | 1 | | 1 | | 1 | | | | | | | |
| 23 | | 1 | | 1 | | 1 | | | | | | | |
| 24 | | 1 | | 1 | | 1 | | | | | | | |
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| TOTAL IND. | | 2 | | 4 | | | | | | | | | |
| TOTAL DEP. | | 32 | | 38 | | | | | | | | | |
| TOTAL CLAIMS | | 34 | | 42 | | | | | | | | | |
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| TOTAL IND. | | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |